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## BIB DATA SHEET

CONFIRMATION NO. 4870

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| 10/587,277    | 07/25/2006<br>RULE    | 514   | 1613           | 13796-00002-US      |

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/CN04/01064 09/20/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

CHINA 03146951.5 09/26/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***

09/07/2006

| Foreign Priority claimed                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|---|---|--------------------------------|---|------------------|-----------------|--------------|--------------------|
| Verified and Acknowledged<br><i>[Signature]</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Met after Allowance            | <input type="checkbox"/>  | CHINA            | 0               | 4 → 2        | 1                  |

**ADDRESS**

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 UNITED STATES

**TITLE**

COMPOSITION CONTAINING ARTEMISININ FOR TREATMENT OF MALARIA

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>645 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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